the National Hospital Ambulatory Medical Care Survey (NHAMCS) data from 1993 through 2004. Both are national probability surveys of visits to office-based physicians and ambulatory services in hospital emergency and outpatient departments and provide weights to obtain nationally representative estimates. Seventy-six different medicines of herbal origin were identified based on their generic codes and the visits in which they were prescribed were calculated for each year. **RESULTS:** In 1993, of the total 1.6 billion NAMCS & NHAMCS visits, herbal medication was prescribed in 0.14% ambulatory visits [2,328,901 (95% C.I.: 2,298,097–2,359,705)]. This proportion increased to 0.26% in 2004 or 2,883,006 visits (95% C.I.: 2,821,529–2,944,483) of the total 1.1 billion visits. The five most commonly prescribed medications were Psyllium, Senna, Garlic, Ginkgo and Ipecac. Forty-nine of the total seventy-six study drugs were never prescribed during a physician visit throughout the study period. **CONCLUSION:** The trend of prescribing of herbal medications during office-based physician visits has risen over the past decade but is limited to selected herbal products and is not widepread.

PHP14

POLYPHARMACY IN ELDERLY PATIENTS AT THE MEXICAN INSTITUTE OF SOCIAL SECURITY: SATISFACTION AND COSTS

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OBJECTIVES: To identify cases of polypharmacy (PF) and to describe their social and clinical characteristics, satisfaction and costs in elderly patients who attended Family Medicine health care services at the Mexican Institute of Social Security (IMSS). **METHODS:** Cross sectional study in 260 elders (°Ý 65 years old) who attended a Family Medicine facility at the IMSS in Mexico City. A survey and a concurrent review of medical records were performed to identify characteristics of drug prescription and patients' satisfaction in the previous 3 months. The WHO definition of polypharmacy was used to classify this prescribing pattern: simultaneously consumption of more than 3 drugs. Costs were estimated from an institutional perspective and are expressed in US dollars (USD). **RESULTS:** Mean age was 71 years (6.9 SD), 60.8% were female, 15.8% illiterate, 53.5% married, 10.4% single and 35.4% widow/widower. A high percentage (86.2%) reported having a chronic disease; the main problems were hypertension (57.7%), diabetes (35.4%), and sleep problems (35.4%). Satisfaction with medication was: very high 56.9%, high 28.5%, mild 8.1%, low 1.2%, and very low 0.8%. Drug mean cost per patient was 6.6 USD (per month) with a maximum of 61.8 USD. Prescription of 3 drugs at the same time was reported in 64.2% and polypharmacy in 49.2% **CONCLUSION:** Our study found that polypharmacy was a common prescribing pattern in Family Medicine services. Prescription of 3 drugs at the same time and polypharmacy might lead to an important proportion of health care costs. Among the elderly population the proportion of chronic conditions was high, as was satisfaction with drug treatment. It is possible that there is a trade-off between improvement of symptoms and adverse side effects of drugs; therefore it would be necessary to research the quality of life, drug prescription and its justification in these patients.

PHP15

STUDYING THE IMPACT OF CO-PAYMENT DIFFERENTIAL ON GENERIC DISPENSING RATE IN A MANAGED CARE POPULATION

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OBJECTIVES: The purpose of this study was to determine the impact of copayment differential between tier-one and tier-two medications on the generic dispensing rates. **METHODS:** A pre-post study design with control group analysis was conducted to investigate the effect of a changing copayment structure on the Generic Dispensing Rate (GDR). Clients that changed their copayment structure during the 2006 fiscal year were identified. Data from five clients from pharmacy claims database maintained by a large pharmacy benefit manager (PBM) were collected. Study clients had one of the three effective dates during which they changed their copayment structures: January 1, 2006; July 1, 2006; or October 1, 2006. Two clients that did not change their copayment in 2006 were included as control groups. Differences in the copayment amount and percentage change in GDR for pre and post periods were computed and compared using independent t-tests. In addition, an adjusted GDR was calculated by subtracting a nominal increase in the control groups from each of the study groups. **RESULTS:** Clients that changed their copayment structure in January 1, 2006 reported a mean GDR increase of 2.36% with a mean $8.32 increase in their copayment amount (p-value < 0.05). Similarly, clients who changed their copayment structure in July 1, 2006 demonstrated a mean GDR increase of 4.06% with a mean $9.13 increase in their copayment amount (p-value < 0.05). While clients that changed their copayment structure during October 1, 2006 period showed a net increase in GDR of 2.7% with a $3.36 increase in copayment amount. Such changes were also found to be statistically significant when compared to the changes reported by the control clients. **CONCLUSION:** Increasing the copayment amount between tier-one and tier-two demonstrated a positive impact on GDR thereby translating into potential savings for the clients.

PHP16

COMPARING GENERIC DISPENSING RATES AMONG THREE DIFFERENT RETAIL CHANNELS

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OBJECTIVES: To compare generic dispensing rate (GDR) among 30-day retail program, mandatory 90-day retail program and voluntary 90-day retail program. **METHODS:** This analysis was conducted using pharmacy claims data from a pharmacy benefit manager (PBM). Patients who were new to either Ace-Inhibitor, statins or SSRIs in March-May 2005 were identified and followed-up for a period of 12-month to measure their GDR. Patients had retail 30-day supply only during the study period were included in 30-day retail program, patients had mandatory 90-day supply during the study period were in mandatory 90-day retail program, and similarly, patients had voluntary 90-day supply were in voluntary 90-day retail program. GDR was measured by claim level as well as patient level, which was the number of generic claims and/or patients using generic medications divided by total number of claims and/or total patients. All claims were normalized to a 30-day supply. **RESULTS:** About 4678 claims and 907 patients in 30-day retail program, 1438 claims and 138 patients in mandatory 90-day retail program, 5136 claims and 538 patients in voluntary 90-day retail program. GDR was found to be relatively higher in voluntary 90-day retail program (47.65%, 47.77%),